

FELONY INFORMATION CHECKLIST

Name: _____ AMT ID: _____

Address: _____

City _____ State _____ Zip/Postal Code _____

Telephone: _____ E-mail: _____

Certification: CMAS___ RDA___ RMA___ RPT___ PCT___ MT___ MLT___ CMLA___ MDT___

CLC___ AHI___

1. Were you actually **convicted** of a felony? YES _____ NO _____
2. The felony was for: (If there were multiple felonies in a single case circle all that apply)

<ol style="list-style-type: none"> a. Drug Possession b. Aggravated Assault c. Battery d. Arson e. Burglary 	<ol style="list-style-type: none"> f. Embezzlement g. Murder h. Rape i. Other (state type of felony): _____
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3. Provide a **DETAILED** description and explanation of the offense or offenses you were convicted of. **Be specific and answer the following questions in your detailed description*:**

- When did the felony take place?
- After the conviction was jail / prison time served?
- Are you still in jail / prison?
- If not, when were you released?
- Are you currently on probation / parole?
- If you are not currently on probation / parole, when did it end?
- Include your name, contact information and AMT ID (if known) on all submitted documents.
- * Provide copies of any court documents / probation release forms available. *

Additionally, three (3) character references (not family/friends) **may** be requested.

4. Provide this completed form and the required information after you have submitted your application to documents@americanmedtech.org. **All documentation will have to be reviewed and approved for the applicant to be scheduled for an exam.**

I certify that the information I have provided is true and correct to the best of my knowledge and belief, and I understand that certification is subject to revocation for misrepresentation of any information. I further understand that even with AMT certification, some medical care employers will not hire individuals with felony convictions.

Signature: _____ Date: _____